Entered – 09-04-01 - sb CL – 01L0549 ALEXIS HOLMES

ŧ

CLAIM OF: FRANCEINE TAGUE

2872 Wesley Heath, NW Atlanta, Georgia 30327 01- R-1813

For damages alleged to have been sustained as a result of paying to removing a hazardous City tree from the right away near her property on July 6, 2001 at 2872 Wesley Heath, NW.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to FRANCINE TAGUE the sum of \$1,750.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of paying to removing a hazardous City tree from the right away near her property on July 6, 2001 at 2872 Wesley Heath, NW as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

Leures

APPROVED: SUSAN PEASE LANGFORD

CITY ATTORNEY

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

1

· Claim No. 01L0549	D
Claimant BY at an an	Date: 10/28/01
Claimant /Victim_FRANCINE TAGUE BY: (Attv)	nta, Georgia, Georgia 30327 s \$1,750.00
Address: 2872 Wesley Heath NW Add	
Subrogation: Claim for Property damage	ita, Georgia, Georgia 30327
Date of Notice: 8/8/01 Method	*\$1./50.00 Bodily Injury \$
Conforms to Notice: O.C.G.A. §36-33-5	Written, proper X Improper
Date of Occurrence 7/6/01	Place: 420 Alt. Ante Litem (6 Mo.) X
Department PRCA	Division Porlar Parks
Employee involved	Ante Litem (6 Mo.) X Place: 429 Altoona Place, SW Division: Parks Disciplinary Action:
NATURE OF CO.	Disciplinary Action:
independent of the property. Also, the claimant	received a report from the City's and a received a removed from
MUCUCINE AFONTIST STATEMAN AND AND AND AND AND AND AND AND AND A	1 - Post Month the City Saintiffer on line 15 7001 1
persisted and the City failed to remove the free, the	dous, and should be removed. However the hazardous situation refore the claimant had the tree removed.
INVESTIGATION:	and the tree removed.
•	
Statements: City employee Claimant	X Other Written X Oral X Dept Report X Other X Claimant Driver
Pictures Diagrams Reports: Po	Dent Person X Oral X
Citation 1: Citations issued: City Driver	Claimant Driver X Other X
Citation disposition: City Driver	Dept Report X Other X Claimant Driver Claimant Driver
BASIS OF RECOMMENDATION:	
Function: Governmental	Ministerial Other X Damages reasonable X ected Compromise settlement Repair/replacement by City Forces X Joint Claim Abandoned
Improper Notice More than Sin Mar	Ministerial
City not involved	Other X Damages reasonable Y
Repair/replacement by Ins. Co.	ected Compromise settlement
Claimant Negligent City Negligent	Repair/replacement by City Forces
Only regingent	Joint Claim Abandoned
·	Pormand II
	Respectfully submitted,
	(Clerin Holme)
	INVESTIGATOR - ALEXIS HOLMES
RECOMMENDATION:	THE TELEVIS HOLMES
/ -	
Pay \$_\$1,750.00 X	. •
Claims Manager. When the Account	tt charged: 1A01 X 2J01 2H01
Committee Action:	Concurate /a->
	Council Action
FORM 23-61	

COUNCIL OF THE CITY OF ATLANTA

MUNICIPAL CLERK

City Hall 55 Trinity Avenue, S.W. Atlanta, Georgia 30335

Signature of Claimant

RECEIVED

AUG 0 8 2001 PAP

RE: CLAIM FOR I Today's Date

ENTERED - 9-4-01 - SB

(Address)

(City, State and Zip Code)

(Work Number)

MUNICIPAL CLERK

Dear Municipal Clerk:		ERED - 9-4-01 - SB 0549 - ALEXIS HOLMES	
This is to notify the City of Atlanta that I and/or \$bodily	have suffered damages in the amount	sum of \$ 1750.00	prop
1. Date of incident:(month/day/)			No.
4. Location of incident (including street	address): 2872 WESLEY	tEATH NW ATTAITA	
5. Name of your insurance company:		Policy No.	
6. State what and how incident occurred			
City workers	Puz Here huge h	oles on my properti	
and damage de	the tree roots	rendered be tre)
undable pers	the city as bount	(Charles Ochoi)	À
7. ALL ESTIMATES AND DAMAGE	S ARE SUBJECT TO INSPECTION DENIED AND MAY RESULT IN C	N. THE MAKING OF FAIRE CLAUME	WIL
proof of ownership of your vehicle (col	claim for vehicle damages, complete the current tag receipt or title).	e following and attach two (2) estimates of rep	air an
Your vehicle: (Make)	(Year) (Tag Number)	(Driver's Name)	
City vehicle:(Make)			
(Make)	(City Driver's Name)	(Department/Bureau)	
9. Witness:		<u> </u>	
(Name)	(Address)	(Telephone Number)	•
10. The acknowledgment of this claim State law, nor is it an admission of liabil	in no way waives the Sovereign in lity on behalf of the City of Atlanta and	umunity of the City of Atlanta, as grante for its employee(s).	d by
11. This claim should be mailed immediate	ely to the address shown above.		
I HEREBY SWEAR OR AFFIRM THA INFORMATION IS TRUE AND CORF	T THE ABOVE FROM	(Print Claimant's Name)	
Francis Take	_	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	